2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P96000077220** RICHARD J. BETTOR REALTY, INC. 05-11-2001 90054 049 ***150.00 Principal Place of Business Mailing Address 113 N FEDERAL HWY C/O PAST-TAX DANIA FL 33004 PO BOX 1711 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0113439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA FL 33004 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** TITLE ☐ Delete TITLE Addition NAME BETTOR, RICHARD J NAME STREET ADDRESS 221 SE 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** Delete TITLE Chance Addition 1.TLE BETTOR, RICHARD J NAME NAME STREET ADDRESS 221 SE 4TH ST STREE' ADDRESS CITY-ST-ZIP CITY-ST-78P **DANIA FL 33004** ☐ Delete TITLE Change ☐ Addition TITLE ADAMS, GERALD NAME NAME STREET ADDRESS 113 N. FED HWY STREET ADDRESS CITY-ST-Z:P DANIA FL 33004 CITY-ST-7IP Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP Addition TITLE Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if